



**Annual Continuous Quality Improvement Review and Plan  
Community and School Based Behavioral Health Program  
January 2025- December 2025**

**CenClear Mission Statement**

CenClear is committed to improving lives through high-quality early childhood and behavioral health services for all ages.

**Type of Service**

Our goal is to provide compassionate, evidence-based and strength-based interventions that help children, youth, and young adults achieve emotional well-being, stability, and growth in their natural settings. The CSBBH program combines clinical interventions with individual, group, and family sessions, case management, crisis intervention, clinical consultation, and care coordination with all children serving systems to ensure a holistic approach to treatment. CSBBH believes in a team approach, working closely with families, schools, and community partners, to ensure consistent support across every environment. Our clinical team consists of a graduate level lead clinician (Mobile therapist) and bachelor's level mental health workers (Behavioral Health Technicians) that provide a safe and welcoming therapeutic space located within contracted schools. The CSBBH team sees every individual as capable of growth and improvement. Our teams are dedicated to creating a safe, considerate, and encouraging environment for healing.

**Current number of staff:** 1 Program Director, 1 Program Navigator, 3 Clinical Supervisors, 14 Mobile Therapists, 24 Behavioral Health Technicians **Vacancies:** 2 Mobile therapists, 2 Behavioral Health Technicians

Update: 12/3/2025 BHT vacancy at St Marys Middle School, **Vacancies:** 2 Mobile therapists, 3 Behavioral Health Technicians

**Review of Individual Records:**

This is a monthly quality evaluation conducted by the program navigator, Nicole Bonanno. Nicole Bonanno, Bachelor of Science Degree in psychology with 22 years of experience in the field of mental health as a clinician and program navigator reviews member charts with a sample size as outlined below:



- 2 individual member Charts per MT per month=total MT x 2 charts per month x 12 months=total individual charts reviewed during the year.
- In one year, the goal is to review 336 charts with 14 Mobile Therapists on staff.

#### **Actions to address annual review findings:**

Nicole Bonanno uses an audit tool developed by the agency to determine what is missing or deficient from charts each month. If any deficiencies are found in member records, this is documented by Nicole Bonanno in the monthly QA report and submitted to CenClear's quality assurance oversite manager, Melissa Johnson (BA, CPRP).

Clinical supervisors (LCSW/LPC) review all deficiencies in client records and work with their teams during the following week's supervisions to ensure that all documentation is precise and up to date per program regulations and performance standards. Completion of any deficiencies found in records reviews and follow up are documented in supervision notes.

All clinical supervisors are licensed clinicians and review clinical documentation prior to staff submission of documentation-this includes individual treatment plans, assessments, written orders, and safety/crisis plans developed by clinicians.

Program director, Melissa Buhler, LCSW provides oversite to quality assurance plans to ensure the fidelity of the CSBBH model is met and adds monthly input to the QA report. Trends in annual review findings/monthly QA reports are reviewed with all team members during monthly staffing meetings and documented in staffing meeting minutes distributed through email to all CSBBH staff members by clinical supervisors. Our annual continuous quality improvement review and plan is updated quarterly to reflect data collected during the monthly reviews/reports.

#### **Analysis of the findings/trends of the individual records review:**

- (1.) Renewal Packets going out late for various reasons,
- (2.) Late CCBH invites for team meetings, late team meetings
- (3.) Service documentation-Goals in treatment plans matching service provided, Roles of people present in session identified, missing modifiers, client names in documentation
- (4.) Reassessments not being completed every 90 days/ISP updates,
- (5.) Family engagement at frequency identified by payment bundle systems and MNG, lack of participation in treatment (30 days or more),
- (6.) Discharge paperwork not being completed in entirety-blank sections.

#### **Trending issues that we continue to work on as a program are:**

- Late packet submission-Teams will begin the authorization process within 45 days from the first day of the next authorization period to prevent a lapse in services.



- CCBH team meeting invites-these will be sent 7 days prior to the team meeting occurring and tracked on reports.
- Service documentation- Staff will proofread all documentation prior to submission, ensure that treatment plan goals match services provided, roles of participants present for the sessions are clearly defined in services provided, and check for modifiers on service notes. New staff services are reviewed by clinical supervisors during the training phases of employment. Seasoned staff's services are reviewed by program director and navigator for accuracy--once staff meet regulations in all service documentation; services are no longer reviewed by administrative support.
- Reassessments- tracked in reports and will be completed every 90 days (CCBH) along with an updated ISP/safety/crisis plan.
- No contact or lack of engagement-contact letters will be sent to families when they are not participating in services for 30 days consecutively at a minimum requirement of 1.5 hours per month, consistent with medical necessity criteria. Contact letters will provide a deadline as to when the family must contact the team to meet and discuss program requirements for continued participation in the CSBBH program.
- Discharge Paperwork-staff will complete each section of the agency/program discharge form accurately and notify program navigator to mail the discharge form that includes the local crisis information to members. Clinical supervisors will review discharge paperwork/aftercare plan and discuss in supervisions as well as Core meetings. Our goal continues to be to improve our discharge process across the program with at least 50% of discharges to be face to face with members during their closing sessions.

**Assessment of the outcomes of services delivered and if ITP goals have been completed:**

Individual and family outcomes are assessed quarterly using the Child Outcome Surveys (COS) and Parent, Teacher, and Youth Strength and Difficulties Questionnaires (SDQ's) administered by the CSBBH team members. Individual results from the assessments of the outcome of services are available in graph form upon request to your CSBBH team.



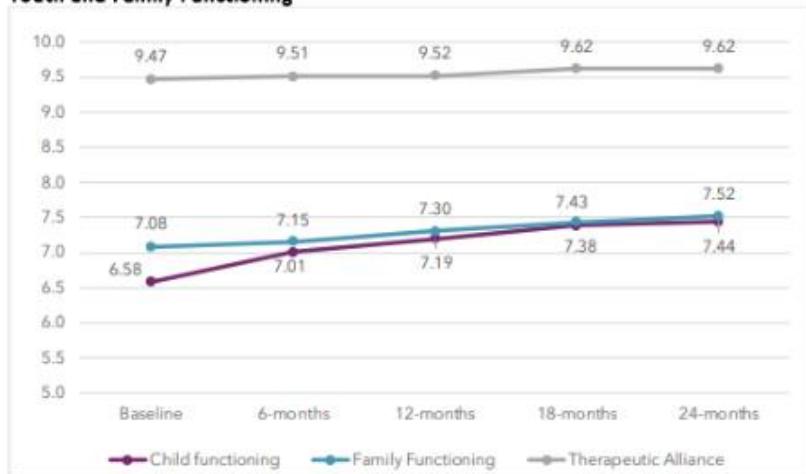
## Youth Behaviors outcomes (SDQ) (Resource: CCBH Aggregate Data Report 2024-2025 school year)

**Total Difficulties and Prosocial Behaviors**



## Youth and Family Functioning outcomes (COS) (Resource: CCBH Aggregate Data Report 2024-2025

**Youth and Family Functioning**



- Overall, family and child functioning improved significantly over 24 months.



### **Review of Individual and Family Satisfaction information:**

30 Responses 02:37 Average time to complete Active Status

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1. Staff ability in scheduling appointments at times that fit your schedule.

● Excellent	21
● Good	9
● Fair	0
● Poor	0



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2. Staff worked cooperatively with you and your family.

● Excellent	25
● Good	5
● Fair	0
● Poor	0



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3. Timely response to any calls you made.

● Excellent	22
● Good	6
● Fair	1
● Poor	1





4. 1the number of sessions per week/month met your needs.

● Excellent	20
● Good	6
● Fair	3
● Poor	1



5. Staff ability to understand/appreciate your situation.

● Excellent	22
● Good	7
● Fair	0
● Poor	1



6. Staff worked cooperatively with workers that your family has involved with.

● Excellent	25
● Good	5
● Fair	0
● Poor	0



7. Staff handled your case in an empathetic and professional manner.

● Excellent	21
● Good	7
● Fair	2
● Poor	0





8. Problem issues/concerns/behaviors present at the start of services were decreased and/or skill deficits have improved as a result of treatment.

● Excellent	17
● Good	10
● Fair	3
● Poor	0



9. Staff handled your case in a confidential manner.

● Excellent	24
● Good	5
● Fair	1
● Poor	0



10. Staff sensitivity/respect for your cultural heritage.

● Excellent	22
● Good	7
● Fair	1
● Poor	0



11. I overall rate this service.

● Excellent	25
● Good	4
● Fair	0
● Poor	1



12. Do you feel your privacy has been maintained while receiving telehealth services.

● Yes	24
● No	0
● NA	6





**Client comments/suggestions:**

“Not at this time, I don’t know what I would do without them.”

“More snacks/Drinks”

“No Suggestions. But both my boys have improved immensely through this service.” “I’m truly grateful for them getting the support they need.”

“I like that I can come to the school and meet with the ladies.”

“They do so much for me and my family.”

This past year, Clearfield county families held a family engagement and community activity event where members and their families in Clearfield County CSBBH program were invited to participate in winter activities and were linked to the CenClear Clothing closet for additional resources. In the CSBBH program, 35 members and their family members participated in this event.

Family participants at the Winter Wonderland event completed surveys regarding the event and included the following comments:

“We appreciated the kind friends in an exploratory environment.”

“My kids adored the hot chocolate and Polar Express.”

“We loved all of it! You thought of so much and Thank you.”

Super grateful for all the kind reminders of the vent and accessibility. Beautiful invitations and very helpful.”

“My kids had a great time and thank you for the clothes, we needed for our huge family.”

“Thankful for this day and helping our family!”

“The games were fun to play with the kids.”

**Discharge Criteria :**

An individual will be discharged when CSBBH is no longer medically necessary, the individual no longer meets eligibility requirements, or the individual has achieved the goals and sustained progress as identified in the ISP and services are not expected to provide additional benefit to the individual. An individual may request a withdraw from the CSBBH program. A decision to discharge should be a joint decision between the child, youth, young adult, and family and the CSBBH provider. When a decision to discharge is not a joint decision, the CSBBH provider shall document the reason for discharge. When a decision to discharge is reached, the CSBBH provider shall offer the child, youth, young adult and family the opportunity to participate in the future service if needed. Upon discharge, the CenClear provider will complete a dated discharge summary that includes the description of the following:

- Services provided



- Outcomes and progress on goals
- Reason for discharge
- Referral for services other than IBHS if needed.

The CSBBH provider will ensure that the discharge summary is:

- Completed within 45 days after the discharge date
- CCBH care manager is notified on the day of the discharge
- Mailed copy of the discharge summary is provided to the youth, young adult or parent, legal guardian or caregiver of a child

There were 180 discharges between January 1, 2025 and December 31, 2025.

**Reasons for discharge:**

Successful discharge/Treatment goals met:63

Change in level of care/school placement:18

Unable to contact or locate consumer/Never opened: 32

No funding/approval of services:10

Consumer declined further services: 21

Non-engagement of Services:19

Consumer moved/relocated: 17

**Service Description Compliance:**

As of 10/21/2025, the CenClear CSBBH service description is aligned with the most recent updates with the closure of the IBHS ABA program. Current service descriptions were updated to reflect the most recent regulations and program performance standards. As changes to the regulations and standards occur, the CenClear CSBBH Program Director will develop a draft of the needed updates to the description which will be sent to OMHSAS for review and acceptance.

**Program Accomplishments:**

This past year, CenClear sponsored an employee spotlight program and several of our staff were acknowledged for their work and dedication to the program and agency. The CSBBH program also offered an opportunity for professional growth and development learning the ESFT model (Ecosystemic family therapy) with our 3 clinical supervisors, along with 5 mobile therapists, completing the training. 4 of our current Mobile therapists also completed Trauma Focused Cognitive behavioral therapy training. Several mobile therapists also obtained professional licenses and can complete written orders for service admissions. CenClear hosted the first CCBH CSBBH orientation training under the learning collaboration for all new CSBBH provider staff at our Bigler campus which is reported to have gone very well. CCBH has asked CenClear to host future training courses for all providers with new staff. Clearfield county teams were



awarded the Youth Diamond Back grant to provide opportunities for family engagement and community linkages for our current CSBBH members in that county. Several fun activities are being planned for the current and upcoming year. Clinical Supervisor, Ashley Jolo, LCSW, was able to attend the national conference for mental health this spring located in Philadelphia, Pa. We have successfully started to hire and train new staff with many of our current teams having fully staffed teams. School satisfaction surveys given to our partnering school districts by CCBH have yielded very high scores showing the committed and engaging partnerships we have built together.

**Upcoming Year's Quality Improvement Plan:**

In 2026, our program focus will be to increase family engagement with all services provided and work with members and families that are not engaging in identifying treatment barriers. Our teams will continue to assess case management needs using the SDOH screening tool with children, youth, young adults, and family members to identify formal and natural support needed for our members. Discharge processes will be consistent with follow-up and after-care plans-with the members and their families participating in the discharge process at the onset of service initiation and in the closing sessions prior to discharge. Members and families will be encouraged to utilize the CSBBH crisis on call number for crisis intervention services as needed. Staff will also strive to become more confident in the new EHR system-learning to use resources within the system to track and report information.

*This report is accessible on the CenClear website and available to all consumers by request. Children, youth, young adults, and family members are made aware of the availability of this request upon admission to services with the distribution of the consumer information packet.*

Completed by: Melissa Buhler, LCSW, CSBBH Program Director